

**California Health and Human Services Agency
Committee for the Protection of Human Subjects**

CONTINUING PROJECT REVIEW FORM—DATA-ONLY

PROJECT NO.: _____ **PI (please print):** _____
Last First

PROJECT TITLE: _____

Please respond to the following issues and questions:

1. Status of project:

- ☐ **Continuing** -Please attach any findings to date and include a copy of all publications.
☐ **Completed** -Please attach any findings to date, and include a copy of all publications.
☐ **Withdrawn** -Please provide in the cover letter an explanation of why the project is being withdrawn.
☐ **HIPAA** waiver or alteration of authorization requested
-Please include in the cover letter a statement as to whether there have been any changes in data security practices or other factors that might be relevant to the continuing of the waiver.

2. Has the analysis of data ended?

☐ **Yes** ☐ **No**

3. Have any complaints, verbal or written, been received from data sources?

☐ **Yes** ☐ **No**

(If “Yes,” attach a copy and description of details.)

4. Have there been any adverse events?

☐ **Yes** ☐ **No**

(If “Yes,” attach a **detailed** explanation.)

5. Have any difficulties been experienced during the research or have there been any unanticipated problems?

☐ **Yes** ☐ **No**

(If “yes,” attach a **detailed** explanation.)

6. Are you requesting any changes to your approved protocol?

☐ **Yes** ☐ **No**

(If “yes,” please attach copies of old protocol with tracked changes and clean copies of new protocol with original signatures from PI and responsible official.)

7. Are you requesting any changes to other project documents or materials (e.g., agreements, data sets, etc.)?

☐ **Yes** ☐ **No**

(If “yes,” please attach old materials with tracked changes and clean copies of new materials. For detailed submission instructions - www.oshpd.ca.gov/cphs.)

8. Are you requesting a change in P.I.?

☐ **Yes** ☐ **No**

(If “Yes,” in the cover letter provide the name of old and new or additional P.I. If new PI is being added, address conflict of interest questions in #12 of the CPHS protocol in cover letter.)

9. Date data collection began: _____

Number of proposed data records: _____

- A. Total number of data records analyzed since project began: _____
B. Number of data records currently in analysis: _____
C. Number of data records analyzed in past year: _____
D. Number of data records deleted in past year: _____
E. Number of data records expected analyze in coming year: _____
F. Expected total number of data records in project: _____
G. Expected completion date of project: _____

10. List the formal names of any California Health and Human Services Agency (CHHSA) databases, such as the Cancer Registry, to be used in this project.

Department	Name of Database(s)
Dept. of Health Services	
Office of Statewide Health Planning and Development	
Dept. of Mental Health	
Dept. of Developmental Services	
Dept. of Social Services	
*	

11. Check the box (es) which indicates the nature of each CHHSA department's involvement – e.g., Funding (pass through or source of funding), principal investigator (PI), research staff involved (staff), or supplying human subjects (note that **only** subjects for which the State has direct responsibility, e.g., mental hospital patients should be included.). *Specify any other CHHSA departments involved.

Department	Funding	PI	Staff	Subjects
DHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Specify other department(s) involved.

12. If the project is completed or withdrawn, has the data been returned or destroyed as required in the protocol?

☐ Yes ☐ No

(If "No," attach an explanation.)

Signature of P.I.: _____ Date: _____

P.I.'s Phone Number:
E-mail:
Address:

Other Contact Person (if applicable):

Name: _____
Last First

Title:
Phone Number:
Email: